

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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48				/		
49				/		
50				/		
TOTAL IND.	1					
TOTAL DEP.	9					
TOTAL CLAIMS	10					

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IND.	DEP.	IND.	DEP.	IND.
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100				
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TOTAL DEP.				
TOTAL CLAIMS				